

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10R-80

BRIEF TITLE

APPROVED DEADLINE

REASON

Summer Food Service Program

Agreement

## DETAILS

## POSITIONS/RECOMMENDATIONS

Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and Lincoln Public Schools for the Summer Food Service Program for Lincoln Public Schools to provide meals from 6/7/10 - 8/13/10 for the Health Department's Summer Food Service Program. City will reimburse Lincoln Public Schools at a rate of \$1.60 per sack breakfast and \$2.75 per sack lunch prepared and picked up.

Sponsor

Program  
Departments, or  
Groups Affected

Applicants/  
Proponents

Applicant

City Department

Other

Discussion (Including Relationship to other Council Actions)

Opponents

Groups or Individuals

Basis of Opposition

Staff  
Recommendations

☐ For ☐ Against  
Reason Against

Board or  
Commission  
Recommendation

BY  
☐ For ☐ Against  
☐ No Action Taken  
☐ For with revisions or conditions  
(See Details column for conditions)

CITY COUNCIL  
ACTIONS  
(For Council Use  
Only)

☐ Pass  
☐ Pass (As Amended)  
☐ Council Sub.  
☐ Without Recommendation  
☐ Hold  
☐ Do not Pass

## DETAILS

### POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES   	
	OPERATIONAL IMPACT ASSESSMENT	   	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:                      \$ COST of this Ordinance/ Resolution                                      \$	
		RELATED annual operating Costs    \$	
		INCREASE REVENUE EXPECTED/YEAR                              \$	
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %  NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
		BENEFIT COST	
		<input type="checkbox"/> Front Foot                                      Average Assessment <input type="checkbox"/> Square Foot    \$ _____                      \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D.  
Health Director

REVIEW BY:

REFERENCE NUMBER